

FACSIMILE TRANSMITTAL FORM	Application Number	10/555,345	RECEIVED CENTRAL TAX CENTER
	Filing Date	November 1, 2004	JUL 10 2007
	First Named Inventor	David Barshis	
	Confirmation No.		
	Examiner Name		
Fax: 571-273-8300	Attorney Docket Number	63365US008	
Total Number of Pages in This Submission: 4			
Date: July 10, 2007	Attorney for Applicant: Sean J. Edman		

ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Issue Fee Transmittal <input type="checkbox"/> Amendment Transmittal	<input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Technology Center (Appeal Notice, Brief, Reply Brief)	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address	<input type="checkbox"/> Status Letter	<input checked="" type="checkbox"/> Other Enclosures: Power of Attorney to Prosecute Applications Before the USPTO with attachments: Statement under 37 CFR 3.73(b)
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer		
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Continued Examination (RCE) Transmittal		
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR § 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts under 35 USC 371 in US Designated/ Elected Office (DO/EO/US)	<input type="checkbox"/> After Allowance Communication to Technology Center		
<input type="checkbox"/> Drawings		REMARKS:	

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